

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030064

FILED  
Aug 21, 2006  
Secretary of State

**Entity Name:** NORTHERN FIRST FUNDING, LLC

**Current Principal Place of Business:**

2999 NE 191ST STREET  
SUITE 805  
AVENTURA, FL 33180

**New Principal Place of Business:**

410 S WARE BLVD  
SUITE 403  
TAMPA, FL 33619

**Current Mailing Address:**

6901 W OKEECHOBEE BLVD  
J1  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

410 S WARE BLVD  
SUITE 403  
TAMPA, FL 33619

**FEI Number:** 11-3700250      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GABLE, MICHAEL P  
4000 HOLLYWOOD BLVD., STE. 735 SOUTH TWR.  
HOLLYWOOD, FL 330216755 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FEITELSON, LEIGH  
Address: 6901 W OKEECHOBEE BLVD, STE J1  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FEITELSON, LEIGH  
Address: 410 S WARE BLVD, SUITE 403  
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LEIGH FEITELSON

MGR

08/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date